



## Coronary/Cardiac CTA (CCTA)

Dear Referring Colleagues,

We are pleased to announce that Coronary/Cardiac CTA (CCTA) is now available on an outpatient basis at Rhode Island Medical Imaging (RIMI). This exam is performed on our new state-of-the-art 128-slice Philips CT scanner at 1526 Atwood Avenue in Johnston. Authorization is required for most insurances and the **CPT Code is 75574**.

CCTA uses advanced CT technology along with IV Contrast to obtain high-resolution 2D and 3D images of the heart and its blood vessels. It is a highly accurate, non-invasive test, that takes approximately 5 seconds to perform and only requires 15 minutes of monitoring in our office once completed.

CCTA accurately depicts coronary artery anatomy and can identify stenoses or blockages associated with atherosclerotic plaque. **In patients with chest pain, a normal or near normal examination essentially rules out coronary pathology as a cause of symptoms.**

You may want to consider ordering CCTA for patients with the following risk factors:

- Stable chest pain (not acute) with low or intermediate risk for coronary artery disease (CAD)
- Continued or worsening symptoms (e.g., chest pain, shortness of breath) with a prior normal stress test result
- Unclear or inconclusive stress test results
- New onset heart failure with reduced heart function

Details: Patients will receive a sublingual nitroglycerin tablet immediately prior to the study to dilate the coronary arteries. A high-quality CCTA examination requires a steady heart rate of < 65 bpm at the time of examination. We therefore ask that you prescribe a single dose of metoprolol PO (suggested dose: 50 mg) to be taken one hour prior to the study to lower the heart rate. (We will administer additional IV beta-blocker as appropriate.) If the patient has a resting heart rate < 65 bpm, a systolic blood pressure < 110 mmHg, OR any of the following conditions, a beta-blocker should NOT be taken prior to the examination and the patient may not be a candidate for CCTA:

- Allergy to beta-blocker
- Decompensated cardiac failure
- Severe aortic stenosis
- Active bronchospasm
- Asthma or COPD on  $\beta$ 2-agonist inhaler
- Any heart block

Also, because the study requires a steady heart rate, atrial fibrillation is a contraindication.

We are excited about our outpatient CCTA service and would be more than happy to address any questions or concerns that you may have. Thank you for referring your patients to RIMI.

Best regards,

Saurabh Agarwal, MD  
Director, CT Cardiac Calcium Scoring (CCS)  
**Rhode Island Medical Imaging, Inc.**  
Cell: (307) 760-1173  
Email: [Sagarwal@rimirad.com](mailto:Sagarwal@rimirad.com)

Michael Atalay, MD, PhD  
Director, Coronary/Cardiac CTA (CCTA)  
**Rhode Island Medical Imaging, Inc.**  
Cell: (401) 588-2734  
Email: [Matalay@rimirad.com](mailto:Matalay@rimirad.com)